

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**27022**

**1. PLACE OF DEATH**

County Marion Registration District No. 547  
Township Mason Primary Registration District No. 3029  
City Hannibal (No. 1232 Tedford)

File No. \_\_\_\_\_  
Registered No. 232  
St. 5th Ward)

**2. FULL NAME**

(a) Residence, No. 1232 Tedford St. 5th Ward.  
(Usual place of abode)  
(If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1, 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 4 hrs. or min. 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo

13. NAME Salmon E. Lidgard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo

15. MAIDEN NAME Addie Honeykampe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo

17. INFORMANT (ADDRESS) Salmon E. Lidgard  
Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet Co. DATE Aug 2, 1933

19. UNDERTAKER (ADDRESS) Roy P. Schubert  
Hannibal Mo

20. FILED Aug 3, 1933 R. H. Dobison  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2nd, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/1-33, 1933, to 8/1/33, 1933.

I last saw him alive on 8/1/33, 1933. Death is said to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:

Asphyxia  
159  
1612 Manafort  
Other contributory causes of importance: Immature - 1 mo

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? ch Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1933.

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) R. H. Dobison, M. D.  
(Address) Hannibal Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

